### DISCLOSURE OF OWNERSHIP/PRINCIPALS

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Sole Proprieto		pe (Please selec	1	Limited Liability	E	Corporation	Trus	Non-Pr Organizati			Other	7		
Business	s Designati	on Group (Plea	ze sek	ect all that apply	1)							7		
□MBE □WBE			SBE		□PBE		□ VET			VET	□ES8			
Minority Business Enterprise  Women-Owned Business Enterprise		d	Small Business Enterprise	Physically Challe Business Enterp			Veteran Owned Business		Disabled Veteran Owned Business		Emerging Small Business			
Numbe	er of Cla	rk County N	evad	la Residents	E	mployed:				8				
Corporate/Business Entity Name:			Bitfo	Bitfocus Inc										
(include d.b.a., if applicable) Street Address:			5940	0 S Rainbow Blv	d #	60866		Website; www.	bitfocus.	com				
City, State and Zip Code:			Las Vegas, NV 89118				POC Name: Email: books@bitfocus.com							
Telephone No:			702-	-605-6870	Ì	Fax No:								
Nevada Local Street Address:						1	Wet lite:	•	110-3-					
(If different from above)			+-					Local Fax No:						
City, State and Zip Code:			╁					Local POC Name:						
Local Telephone No:									Email:					
close corp	ocrations, for	eign corporations,	limited	Hized under of go	Б, <b>р</b> і	armersnips, Imme	Title	angs, and profes		(No	% Owner ot required for Pub orations/Non-profit	licly Treded		
Bitfocus In	Bitfocus Intermediate, LLC			N	/A					90%				
Robert Herdzik			F	Founder & CEO			_	10%						
		-		Table of the second sec										
f. Are a	any individua iter or Clark ( Yes	i members, partn County Water Rec No (II	ers, ow lamatic yes, pl intracts	ners or principals, on District full-time lease note that Co, or other contracts	invo emp unty s, wi	olived in the busin ployee(s), or appo remployee(s), or hich are not subje	ess entity pinted/ele appointe ect to con	r, a Clark County, cted official(s)? d/elected official(s spetitive bid.)	) may not	ent of Av	iation, Clark Cour	essional service		
gigte	er orandchild	d, grandiparent, ire e(s), or appointed	lleted to	ners or principals of a Clark County, led official(s)?	heb	SUITON O VAISIN	ο,, ΟιΔι x	Coom, Detailed			•	nalf-brother/half- lamation District		
	Yes	5 d db ab all	al tha i	lease complete the	ed b	erein is current o	complete.	and accurate. I a				ot take action on		
land-use a	approvals, co	ntract approvals,	land sa	iles, leases or excl	hanq	Jes Million, nie cr	лиріской	disdosure form.						
Stephano	ie Nelson					Stephanie Nel Print Name	son			_				
Signature	180% U-440M	y				Lant Manie								
Controller	r					11/7/24								
Title					_	Date								

### DISCLOSURE OF RELATIONSHIP

# List any disclosures below: (Mark N/A, if not applicable.)

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A			

* County employee means	Clark	County,	Department	of Aviation,	Clark	County	Detention	Center or (	Clark	County
Water Reclamation District.										

"To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

- Spouse Registered Domestic Partners Children Parents In-laws (first degree)
- Brothers/Sisters Half-Brothers/Half-Sisters Grandchildren Grandparents In-laws (second degree)

or County Use Only:
any Disclosure of Relationship is noted above, please complete the following:
Yes No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?
1 tes 1 to 15 the downly draphy of the contract?
Yes No is the County employee(s) noted above involved in any way with the business in performance of the contract?
otes/Comments:
ignature
rint Name
uthorized Department Representative

<sup>&</sup>quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

#### DISCLOSURE OF OWNERSHIP/PRINCIPALS

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Business Entity Ty	pe (Please selec	t one)	)		*** **********************************	1				T			
Sole Proprietorship			Limited Liability Corpor		Corporation	ation Trust		Non-Profit Organization		Other			
Business Designati	ion Group (Pleas	e <b>s</b> ele	ect all that apply	)			_		_				
МВE	□wBE		□SBE		☐PBE			<b>□</b> VET		OVET	□ESB		
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise		Physically Challenged Business Enterprise			Veteran Owned Business			Emerging Small Business		
										· veno	5411		
Number of Cla	rk County N	evac	da Residents	E	mployed:				D				
Corporate/Business	Entity Name:	Biffocus Intermediate, LLC											
(Include d.b.a., if ap	plicable)												
Street Address:		5940	0 S Rainbow Blv	d #	60866		We	bsite:					
City, State and Zip Code:			Las Vegas, NV 89118					C Name: hail: books@bitfo	cus.co	om			
			-605-6870				Far	x No:					
Telephone No:				-		-							
Nevada Local Street Address:							AA6	bsite:					
(If different from above)							Lo	cal Fax No:					
City, State and Zip Code:							Local POC Name:						
Local Telephone No:							Email:						
			-izad wadae os gov		ed by Title 7 of t	the Neva ed partne	da R	ends to the applicant and tevised Statutes, including se, and professional corp	g but r	not limited to privat			
	Tide						(Not required for Publicly Traded Corporations/Non-profit organizations)						
No individual holds m	nersh	nip					-						
							A	approximation of the state of t					
This section is not re	quired for publici	y-trad	led corporations.	Are	you a publicly	traded o	orpe	pration? Yes		No			
Are any individual     Center or Clark C	County Water Reci:	amatic	on Diethot fail-time e	mp	noveets), or abbi	unitediten	00100	Clark County, Departme f official(s)?					
	Yes (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)												
sister, grandchild	<ol> <li>Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, In-law or brother/sister, half-brother/half- sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?</li> </ol>												
		-					1.0	n Page 2. If no, please					
I certify under penalty of land-use approvals, co	of perjury, that all ontract approvals, is	of the i	nformation provided les, leases or excha	d he ang	erein is current, o les without the co	complete ompleted	and disc	l accurate. I also underst dosure form.	and the	it the Board will no	t take action on		
Daniel Bow	man	Daniel Bowman											
Signature	owner!				Print Name								
CFO	)±:				11/7/2024		_	ŧ					
Title					Date	mayor.	- om		_				

## DISCLOSURE OF RELATIONSHIP

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NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A			
			100000000000000000000000000000000000000
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(100)			
Water Reclamation District.  Consanguinity" is a relation	nship by blood. "Affinity" is a re	lationship by marriage.	
To the second degree of	consanguinity" applies to the	candidate's first and second	
follows:  Spouse – Register	ed Domestic Partners – Childre Half-Brothers/Half-Sisters – Gra	n – Parents – In-laws (first de	egree)

For County Use Only: If any Disclosure of Relationship is noted above, please complete the following: Yes No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item? Yes No Is the County employee(s) noted above involved in any way with the business in performance of the contract? Notes/Comments: Signature Print Name Authorized Department Representative